

01/31/01

jc772 U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.		0325/00075	
First Named Inventor or Application Identifier		Hiroko Kono ET AL.	
Title	MULTIPE-SHAFT POWER TRANSMISSION APPARATUS AND WAFER TRANSPORT ARM LINK		
Express Mail Label No.			

jc821 U.S. PTO  
09/772866  
01/31/01

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Applications Washington, D.C. 20231			
<p>1. <input checked="" type="checkbox"/> Filing fee as calculated below.</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>[108]</b>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p><input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages <b>[23]</b>]</p> <p>Oath or Declaration [Total Pages <b>[2]</b>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p><input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
		ACCOMPANYING APPLICATION PARTS			
		<p>9. <input type="checkbox"/> Assignment papers (cover sheet &amp; document(s)) <b>SEE NEXT PAGE FOR ASSIGNEE INFORMATION</b></p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p>			
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/325,552</u></p> <p>Prior application information: Examiner _____ Group/Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>					
17. CORRESPONDENCE ADDRESS					
Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here) or correspondence address below			
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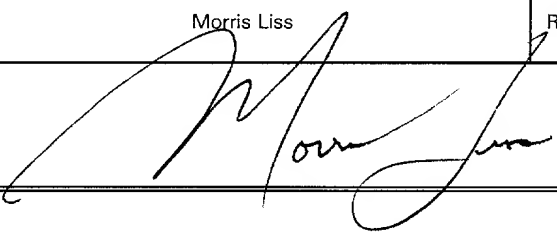
# Fee Calculation and Transmittal

(Col 1)			(Col 2)	(Col 3)	SMALL ENTITY		OR	NON-SMALL ENTITY	
NO. FILED				NO. EXTRA	RATE	FEE		RATE	FEE
TOTAL	7	minus	20	= 0	x9=	\$		x18=	\$0
INDEP	1	minus	3	= 0	x40=	\$		x80=	\$0
_ First Presentation, Multiple Dependent Claims					+135=	\$		+270=	\$0
Base Filing Fee						\$355			\$710
Other Fee (specify purpose)						\$			\$0
TOTAL FILING FEE* (accounting for possible small entity status)						\$	OR	TOTAL	\$710

- ☒ A check in the amount of \$710.00 to cover the filing fee is enclosed
- ☐ No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **22-0185** as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \$\_\_ as filing fee
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 CFR § 1.16
- ☒ Charge any additional filing fees required under 37 CFR § 1.17
- ☒ If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. **22-0185**.

## **Assignee Name and address:**

BKS Lab. Ltd.  
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Name (Print/Type)	Morris Liss	Registration No. (Attorney/Agent)	24,510
Signature			Date 1/31/01